

## **REPORT INJURY WITHIN 24 HOURS**

Employer (check one)	Town of Natick	School Department Employee	ID #MEGA Loc. # <b>X34</b>
Employee's Name		DOB	Date of Hire
Address	City/Town		
StateZip Code	Last 4 Social Se	curity #Home Phone_	Cell Phone
Email	Department	Schoo	ol Name
Location of Injury		Job Title	Rate of Pay \$
Date of Incident	Time	Type of Injury (strain, lacer	ation, etc.)
Body Part	Describe what happened		
		—	
Name of Witness (es)Job Title			
To whom was accident/incident_reported_to?Date_Reported			
Was medical attention sought? Yes No If so, where?			
Information Release			
to be furnished any information results of diagnosis, treatment	n and facts regarding med and prognosis, estimates ing and handling my claim	dical services rendered to me by any of disability and recommendations for	oup, Inc. (MEGA), or any of its representatives medical provider, including reports/records, or further treatment. This information is to be ccurring on or about the above indicated date
Employee Signature			Date
Department Head/Principal Name (PRINT)			Comments
Department Head/Principal Signature			Date

Please submit the completed form to:
Ingrid Fosberg, Human Resources Department, Town Hall
13 East Central St. Natick, MA 01760
(p) 508-647-6469 (f) 508-647-6401

ifosberg@natickma.org

\*You can always find the latest version of the injury report on the Town's Human Resources website or at the link below. This form is a pdf fillable document.

http://natickma.gov/DocumentCenter/Home/View/1957